Business Entity Type													
☐ Sole Proprieto		☐ Partnership		Limited Liabilit	y Company	⊠c	orpo	orporation		rust	☐ Non- Profit Organiz		
Business Design	ation	Group											
□ МВЕ	□w	BE		□SBE	□ РВЕ		<u> </u> [_ VET		□ DV	/ET	□Е	SB
Minority Business Enterprise	Wome Enter	en-Owned Busine orise	ss	Small Business Enterprise	Physically Cha Business Ente		Business			Disable Vetera Busine	teran Owned Business		
				4000									
Number of Clai	rk Cou	ınty Nevada F	Res	sidents Employ	ed: 1100)							
			Las Vegas Paving Corporation										
Corporate/Busin	ess Er	ntity Name:		Las Vegas	Paving Cor	porati	ion						
(Include d.b.a., if	applic	cable)		400 C D	n1 1						•		
Street Address:			4	420 S. Decatur	Blvd						ring.com	<u> </u>	***
City, State and Z	ip Cod	le:	I	Las Vegas, Neva	ada 89103		PO Em	C Name	ike.m	arshal	l@lasveş	gaspa	ving.com
Telephone No:				702-251-5800			Fax	x No:	70	02-25	1-4891		
Nevada Local Street Address: (If different from above)			Website:										
City, State and Zip Code:			Local Fax No:										
Local Telephone	No:						Local POC Name Email:						
List of Owners	Office	ers:											
All entities, with ownership or financi	the exc	ception of publicly est in the business	-trac	ded and non-profit o tity appearing before	rganizations, meethe Board.	ust list t	he n	ames of i	ndividu	als holdi	ng more th	an five	percent (5%)
Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).							of individuals wner(s).						
"Entities" include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. """ """ "" """ """ """ """ "							ited to private rations.						
Mandanh					(organizatio	d Corporations/Non- ons)			
Mendenhall Family Trust					OWII	CI				-	10	0 70	
										-			
<u> </u>													
				-									
This section is not	require	ed for publicly-tra	ade	d corporations.									
				ers or principals, inve tion District full-time							ity Medical	Center	, Department
☐ Yes	⊠ No			note that County em ts, or other contracts						y not pe	rform any v	work or	ı professional

18103 – COLLECTION SYSTEM METAL PIPE REPLACEMENT

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

BID DOCUMENTS

2.	 Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Wate Reclamation District full-time employee(s), or appointed/elected official(s)? 							
	Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.							
	I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.							
	6/06	6 Thus		Jake Marshall				
Sign	Signature Print Name							
P	roject Ma	nager		July 22, 2021				
Title	9			Date				
		disclosures of the disclosures of the disclosures of the disclosure of the disclosure of the disclosures of	of relationships below:					
	N	IAME OF	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*			
	В	USINESS	EMPLOYEE/OFFICIAL	COUNTY*	EMPLOYEE/OFFICIAL'S			

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT
N/A			

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center, or Clark County Water Reclamation District.

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For Coun If any Disc		nly: f Relationship is noted above, please complete the following:
☐ Yes	□ No	Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
☐ Yes	□ No	Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Con	nments:	
Signature		
Print Name		proportetive

END OF DOCUMENT

Business Entity Type														
☐ Sole Proprieto		☐ Partnership	Limited Liabilit	y Company	☐ Co	orporation 🛚 🔀 Trus		rust	☐ Non- Profit Organization		☐ Other			
Business Design	ation G	roup												
<u></u> МВЕ	□wв	E	☐ SBE	☐ PBE		☐ VET		□ D\	/ET		SB			
Minority Business Enterprise	Women Enterpri	-Owned Business ise	Small Business Enterprise	Physically Cha Business Ente		Business V			Disabled Emerging Small Business Business					
								-						
Number of Clar	k Cour	nty Nevada Re	sidents Employ	ed: 1100										
Corporate/Busin	ess Ent	ity Name:	Mendenhall Family Trust											
(Include d.b.a., if	applica	ıble)	4420 S. Decatu	Dld										
Street Address:						Website:	T 1	3.5	Marchall					
City, State and Z	ip Code	:	Las Vegas, Ne	vada 89103		POC Name: Jake Marshall Email: jake.marshall@lasvegaspaving.com					ving.com			
Telephone No:			702-251-5800)		Fax No: 702-251-4891								
Nevada Local Street Address: (If different from above)					,	Website:								
City, State and Z	ip Code	:				Local Fax No:								
Local Telephone	No:				I	Local POC Name Email:								
List of Owners	/Officer	rs:												
All entities, with ownership or financi	the exce	ption of publicly-trait in the business e	aded and non-profit on the state of the stat	organizations, m e the Board.	ust list th	e names of i	individu	als hold	ing more th	an five	percent (5%)			
Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).								of individuals wner(s).						
"Entities" include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.														
	Full N	lame			Title			(No	t required for Put	Owne olicly Trade t organizati	d Corporations/Non-			
Paula C. Mendenhall				Trustee				100%						
			·											
This section is not	This section is not required for publicly-traded corporations.													
Are any individ of Aviation, or	lual meml Clark Cou	bers, partners, owi unty Water Reclam	ners or principals, inv lation District full-time	olved in the bus e employee(s), o	iness ent r appoint	tity, a Clark (ed/elected o	County, fficial(s)	Univers	ity Medical	Cente	r, Department			
☐ Yes	⊠ No	(If yes, please service contra	note that County em cts, or other contract	nployee(s), or ap s, which are not	pointed/e subject t	elected officia o competitiv	al(s) ma e bid.)	y not pe	erform any v	work o	n professional			

18103 – COLLECTION SYSTEM METAL PIPE REPLACEMENT

DISCLOSURE OF OWNERSHIP/PRINCIPALS 00 45 45 - 4

BID DOCUMENTS

bı	brother/half-sister, grandchild, grandparent, related to a Clark County, Clark County Detention Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?							
] Yes	No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.						
	I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form. Jake Marshall							
Signa	Signature Print Name							
Pro	Project Manager July 22, 2021							
Title	0			Date				
	List any disclosures of relationships below: (Mark N/A if not applicable)							
	NAME BUSIN		NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE/OFFICIAL'S			

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE/OFFICIAL'S DEPARTMENT
N/A			

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center, or Clark County Water Reclamation District.

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
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[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

For County Use Only: If any Disclosures of Relationship is noted above, please complete the following:						
☐ Yes	□ No	Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?				
☐ Yes	☐ No	Is the County employee(s) noted above involved in any way with the business in performance of the contract?				
Notes/Con	nments:					
Signature						
Print Name Authorized Department Representative						

END OF DOCUMENT

BID DOCUMENTS